SOUTH CAROLINA BUDGET AND CONTROL BOARD
EMPLOYEE INSURANCE PROGRAM

REQUEST FOR CONFIDENTIAL COMMUNICATIONS

Please complete the following request form and return to the Employee Insurance Program (EIP) at the address listed below. If EIP agrees to the confidential communications request, it will inform its relevant third party administrators. However, you will need to contact your health care providers directly if you would like to request confidential communications from them.

SECTION A: Individual requesting confidential communications.

Name: _____

Address: _____

Telephone: _____ ID Number: __ __ __ / __ __ / __ __ __ __

SECTION B: To the individual—please read the following and provide the information requested.
You have the right to request that we communicate about your protected health information by alternative means or to an alternative location to avoid endangering you. We will accommodate your request if (a) it is reasonable, (b) you state clearly that failure to communicate your protected health information by the alternative means or to the alternative location could endanger you, and (c) you provide reasonable alternative means or location for communicating with you.

❑ I request that you communicate with me about my protected health information by alternative means. (Please provide full information on the alternative means you want EIP to use.)

_____

_____

❑ I request that you communicate with me about my protected health information at the following alternative location. (Please provide full information on the alternative location.)

_____

_____

INDIVIDUAL'S SIGNATURE
I attest that failure to communicate my PHI by the alternative means or to the alternative location I request could endanger me.

Signature: _____ Date: _____

If this request is by a personal representative on behalf of the individual, complete the following:

Personal Representative's Name: _____

Relationship to Individual: _____

YOU ARE ENTITLED TO A COPY OF THIS REQUEST. PLEASE RETURN THIS FORM TO:

Director
Employee Insurance Program
1201 Main Street, Suite 300
P. O. Box 11661
Columbia, S. C. 29211

BCB-EIP Form 06-23-1